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ABSTRACT

The literature on suicide survivors suggests that suicide grief is different than the grief associated with survivorship from other causes. The few studies that have compared groups of survivors from other causes, however, have often not observed as many differences as expected based on the suicide survivors literature. In this study, 230 college students who had survived the suicide (N=61), accidental (N=92), or natural deaths (N=77) of a family member or close friend were asked to complete a set of questionnaires. Reactions of the survivors to the death were measured by a number of questions, the Texas Revised Inventory of Grief, the Impact of Event Scale, and the Revised University of California at Los Angeles (UCLA) Loneliness Scale. Attitudes toward suicide survivors were assessed by the Aftermath of Suicide instrument. In general, many more similarities than differences were noted for the survivors of the various causes. No significant differences between the groups were observed for guilt, shame, isolation from others, or loneliness; thinking about suicide; time to resume normal functioning; or the impact of the event currently or immediately after the death. Compared to other survivors, however, suicide survivors reported significantly more stigmatizing events and blamed more people for the death. Survivors of sudden deaths, both suicidal and accidental, exhibited greater stigma and more of a desire to understand why after the death than did natural death survivors. (Author)

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SURVIVORS' REACTIONS: SUICIDE VS. OTHER CAUSES

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Abstract

The literature on suicide survivors contains many statements suggesting that suicide grief is "different" than that associated with survivorship from other causes. The few studies that have included comparison groups of survivors from other causes, however, have often not observed as many differences as expected based on the suicide survivors literature. In the present investigation, 230 college students who had survived the suicide (N=61), accidental (N=92), or natural deaths (N=77) of a family member or close friend were asked to complete a set of questionnaires. Responses regarding the reactions of the survivors to the death were measured by a number of questions as well as the Texas Revised Inventory of Grief, the Impact of Event Scale, and the Revised UCLA Loneliness Scale. Attitudes toward suicide survivors were assessed by the Aftermath of Suicide instrument. In general, many more similarities than differences were noted for the survivors of the various causes. For example, no significant differences between the groups were observed for: guilt, shame, isolation from others, loneliness; thinking about suicide; time to resume normal functioning; or the impact of the event currently or immediately after the death. Moreso than other survivors, however, suicide survivors reported significantly more stigmatizing events and blamed more people for the death. Survivors of sudden deaths (accidental death and suicide survivors) exhibited greater stigma and more of a desire to understand "Why?" after the death than did natural death survivors. Implications of these findings with respect to earlier research results are discussed.

Survivors' Reactions: Suicide vs. Other Causes

Despite the 1972 publication of Cain's (1972a) pioneering book Survivors of Suicide which brought the topic of suicide survivorship to levels of greater awareness, only a relatively small literature on survivors of suicide exists (for a comprehensive bibliography see McIntosh, 1985a, pp. 245-270, or McIntosh, 1985-86). Shneidman (1969) estimated that there are at least 6 survivors for each suicide that occurs (officially 29,453 in the U.S. in 1985, National Center for Health Statistics, 1987). In the United States, therefore, there are approximately 180,000 survivors each year and the total number in the population as a whole is almost certainly "in the millions" (Andress & Corey, 1978, p. 759). Conservatively, however, a more precise estimate of the number of survivors in the population may be made by considering the number of suicides since 1970 (to 1985 and estimating 1986 and 1987) and assuming that most of the survivors of the suicides since that time are still alive. This would produce an estimate of nearly 3 million survivors in the U.S. Put another way, there was officially one suicide every 17.8 minutes in 1985 and therefore there were 6 survivors at that same pace.

The growing literature on survivors contains many statements such as "bereavement from suicide is usually different" (Solomon, 1981, p. 18), or that "the experience of the individual who has lost a loved one through suicide is unique" (Foglia, 1977, p. 113). Suicide is usually assumed to involve a complication of "normal" bereavement (e.g., Osterweis, Solomon, & Green, 1984, pp. 87-93) or that it is "frequently more difficult to accept than death from an illness or an accident" (Norton, 1983, p. 470). Shneidman (1972, p. ix), in a preface to the book *Survivors of Suicide* (Cain, 1972a) declared that work with survivors of suicide (what he called "postvention") is "***the*** largest mental health casualty area related to suicide." Shneidman (1969, p. 23) further highlighted the impact of suicide survivorship by suggesting that "the person who commits suicide puts his psychological skeleton in the survivor's emotional closet--he sentences the survivor to a complex of negative feelings." Dunn and Morrish-Vidners (1987-88, p. 175) recently stated that "Unlike other types of death, suicide causes feelings of stigma, guilt, anger, and confusion strong enough to overwhelm the bereaved, prolonging the grieving process and putting the bereaved at increased psychological and physical risk."

Research that has attempted to determine the *perceptions* of individuals regarding the severity

and difficulty of suicide grief compared to other causes (e.g., Calhoun, Selby, & Abernathy, 1984; McIntosh & Milne, 1986b) echoes the statements above that were based on direct clinical or research contacts with suicide survivors. Calhoun, Selby and Selby (1982; for other reviews see Foglia, 1977; Hauser, 1987; and Henley, 1984) summarized their review of the literature on suicide survivors' reactions and social reactions to them by stating only three *cautious* generalizations: Suicide survivors: (1) "search for an understanding of the death" (p. 417), (2) experience less social support than survivors of other causes of death, and (3) more often experience guilt than do those who survive deaths by other causes. Calhoun et al. and Henley (1984) noted the methodological problems existing in the suicide survivors' research they reviewed. Among the limitations is the lack of appropriate controls or comparison groups. None of the studies reviewed by Calhoun et al. (1982) included control groups. Although clinical and personal experience and opinion as well as intuition may indicate that suicide bereavement is different, more devasting, etc. than that among survivors of other causes of death, only by comparisons with groups of such other survivors can these opinions be supported or refuted. Until that time, the above and other conclusions from this literature must remain tentative.

Only a handful of investigations that include control groups have been conducted since the time of Calhoun et al.'s (1982) review. In general, although some differences have been observed, studies have provided little support for great differences between the grief and bereavement experiences of suicide vs. other survivors. Of the eight investigations that could be found which included any control or comparison groups (only four have thus far appeared in published sources), two are qualitative in nature (Saunders, 1981; Trolley, 1985), two studied only widows (Demi, 1984; Saunders, 1981), while two others included only spouses (Farberow, Gallagher, Gilewski, & Thompson, 1987; Pennbaker & O'Heeron, 1984) and another only parents (Trolley, 1985). Only three studies (McIntosh & Milne, 1986b; Vargas, 1982; Williams, 1986) interviewed a broader spectrum of survivor relationships. The number of suicide survivors included in the investigations ranged from 4 to 36 (except for Farberow et al., 1987, who studied 108 survivors of elderly suicides).

With respect to Calhoun et al.'s (1982) cautious generalizations based on noncomparative research findings, the only investigation to ask about the desire to understand the death (McIntosh

& Milne, 1986b) failed to find a difference between suicide, accident, and natural death survivors. With respect to social support, Saunders (1981) suggested, based on the results of her qualitative study of interviews with survivors of various causes of death, that widows of suicides experienced more rejection from their husbands' family and friends. Other investigations, however, found no group differences in the amount of social support received (Pennebaker & O'Heeron, 1984; Vargas, 1982), in feelings of isolation from others (McIntosh & Milne, 1986b), social adjustment and social leisure role adjustment (Demi, 1984), or in the number of close friends before and after the death (Pennebaker & O'Heeron, 1984). Demi's (1984) study found more guilt among widows surviving suicides than nonsuicide deaths, but neither Vargas (1982) nor McIntosh and Milne (1986b) observed any differences in the intensity of guilt feelings among survivors of suicide vs. other causes. Most consistent in all of the investigations was the similarity of overall grief reactions and experiences (Trolley, 1986), and intensity (Farberow et al., 1987; McIntosh & Milne, 1986b; Vargas, 1982). In addition, a broad range of reactions and aspects were found to be similar for the groups in these investigations. These were: the degree to which one thought about the death, talked about the death with friends and counselors; the degree of rumination about the death; the number of health problems and symptoms pre- and post-death; sleep, appetite, sleeping pill and tranquilizer use levels and changes; feelings of hopelessness, denial, disbelief, shock, embarrassment, and stigma; daily activity levels; mental health indices (including depression, distress, and a number of dimensions of psychopathology); the nature of what helped the survivors through the grief; and anniversary reactions.

Despite all these general similarities, a few differences were observed between suicide and other survivors. Williams' (1986) suicide survivors more often reported major stress and/or emotional problems within their families in the years prior to the death. Vargas (1982) found more anger toward the decedent among suicide survivors than for accidental, natural, or homicide decedents. McIntosh and Milne (1986b) observed that suicide survivors felt more like killing themselves, more ashamed, and more like they could have done something about the death than did other survivors. This same group of suicide survivors also more often reported that someone was blamed for the death. Farberow et al. (1987) observed differences between the widows of elderly suicides and natural deaths only for anxiety.

These investigations demonstrate the limitations of current knowledge about suicide survivors and the need for further study. First, eight investigations are far too few from which to draw definitive conclusions. Secondly, virtually all of the investigations involved a small number of suicide and other survivors. Results based on small samples are tenuous and not necessarily representative of the populations from which they are derived. Replication is therefore crucial. Third, few of these investigations employ measures of the behaviors and reactions in question that have known reliability or validity. Frequently the measures were created for the investigation or interviews were conducted. There is a great need for the use of the same measures with known psychometric properties in this area of investigation. A seventh difficulty of many of these investigations is the combining of nonsuicide deaths into a single category, such as accidents and natural causes together. It is possible that suicide survivorship may differ from one of these causes in some ways and from the other causes in different ways and degrees. Another particularly important research control is that of the relationship of the survivor to the deceased, not only the familial or other social relationship category but also the degree of closeness and emotional bond between the deceased and the survivor. Many studies have, as pointed out earlier, considered only one group to control for this factor, such as spouses, widows, or parents only. Only one investigation (McIntosh & Milne, 1986b) asked about the degree of closeness in the relationship. This seems an important set of factors in determining the likely response of the person to the death and its impact on their lives. In summary, the lack of controls or consideration of these potentially important factors in the existing research may have contributed to the often conflicting results and the lack of differences between survivors of various modes of death.

While the suicidology literature implies that suicide survivorship is different from that resulting from other modes of death, comparative investigations to support, refute, or clarify such personal and clinical opinion are almost total lacking. As a result, not only are the differences between survivor experiences unknown, but the similarities are also. It is likewise unclear how such basic factors as the age, sex, relationship to the deceased, social support, and coping methods of the survivor are related to the types and levels of grief reactions displayed. Survivorship and individuals' reactions to this stressful event and its aftermath likely affect the person psychologically, socially, and perhaps also physically. Each mode of death may potentially

produce a different outcome on the survivors that is affected additionally by the factors mentioned above. The present investigation attempts to consider the reactions of suicide survivors and the social reactions they encountered as compared to similar experiences among survivors of accidental and natural deaths. Specifically, the generalizations made by Calhoun et al. (1982) regarding less social support, but greater guilt and need to understand the death will be tested. Other specific reactions that may make suicide grief "different" will also be measured. Further, this investigation builds on the earlier research by McIntosh and Milne (1986a, 1986b) by increasing the number of respondent-survivors for each cause of death and including other instruments with known reliability and validity.

Method

Respondents

The participants in this investigation were 230 introductory-level psychology students from Indiana University at South Bend (IUSB) who received class credit for their participation. In two consecutive semesters a survey asking if the individual had survived the death of any family member or close friend was distributed in introductory-level psychology classes. A total of 980 students were enrolled in introductory-level courses but it was not certain how many were present on the days the survey was distributed. A total of 837 survey forms were returned. Based on their status as a survivor, 320 individuals were asked to participate. From these, 254 completed questionnaires, while 66 did not participate for various reasons (did not keep appointments to participate, were not able to be contacted, etc.). Although they completed questionnaires, an additional 17 respondents' data were omitted by a decision to eliminate deaths under the age of 14 from the study (1 suicide, 7 accidents, 9 natural deaths). Of the remaining 237 participants, 77 had survived deaths by natural causes, 92 by accidents, 61 by suicide, and 7 by homicide. All of the accident and suicide survivors were contacted and consented to participate in the study. The 7 homicide survivors were eliminated from the results of the study because of their small numbers, leaving 230 total participants.

These respondents included 71 males and 159 females with a mean age of 27.5 years (SD=10.4; median=23; range=17-72 years). The predominance of females is reflective of the IUSB campus student body population. There were 18 males and 59 females who survived natural

deaths, 31 males and 61 females in the accidental death group, and 22 male and 39 female suicide survivors. An overall effect for age of the subjects, $F(2,226)=5.99$, $p<.01$, revealed that natural death survivors (M age=30.7 years, SD=12.3) were significantly older than accidental death survivors (M=25.6, SD=8.3), $t(166)=3.21$, $p<.01$, and suicide survivors (M=26.1, SD=9.8), $t(136)=2.38$, $p<.05$. All other comparisons were non-significant.

Decedents

The relationships of the survivors to the deceased revealed that the persons who died were parents, siblings, spouses, offspring and other relatives, and close friends. There were 6 (9.8%) immediate family members (i.e., spouses, offspring, parents, siblings) in the suicide group, 12 (13.0%) in the accidental, and 28 (36.4%) in the natural deaths. Close friends and other non-immediate family members dominated all groups with a total of 55, 80, and 49 for suicides, accidents, and natual deaths, respectively (of these, close friends comprised 37, 59, and 28, respectively).

The individuals survived by the respondents (i.e., ıe suicide, accidental death, and natural death victims) consisted of 140 males and 90 females with a mean age of 32.7 years (SD=18.6; range=14 to 86 years). A total of 38 males and 39 females died of natural causes compared to 58 males and 34 females, and 44 males and 17 females by accidental death and suicide, respectively. An overall main effect for decedent age, $F(2,227)=54.1$, $p<.001$, showed that the mean age of the natural death group (M=47.5, SD=20.7) was significantly older than for either accidental (M=24.1, SD=11.9), $t(167)=9.17$, $p<.001$, or suicide deaths (M=27.2, SD=11.4), $t(136)=6.83$, $p<.001$,.

The mean time that had elapsed since these deaths was 5.39 (SD=6.2) years and there were no significant differences between the groups (natural death M=6.22, SD=7.1; accidental M=4.89, SD=5.8; suicide M=5.08, SD=5.7). The range of time since death was from less than 1 year to 31 years, with 68% of the time for the sample falling within 5 years (74%, 69%, 62% of suicides, accidents and natural deaths, respectively) and 56% within 3 years (59%, 60%, 49% of suicides, accidents and natural deaths, respectively). There were no significant group differences in the degree of emotional closeness that the survivors indicated toward the deceased. The mean closeness was 2.8 (SD=1.0) on a scale where 1 was "closer than any," 2 was "closer than most," 3 was "about the same as most," 4 was "not as close as most," and 5 was "not very close" (natural death

M=2.7, SD=1.0; accidental M=2.8, SD=1.0; suicide M=3.1, SD=1.0).

Measures/Survivor Questionnaire

Survivor-respondents were asked a number of demographic/informational questions about themselves and the deceased. They were also asked questions about their feelings and reactions regarding the deceased's death, dealing with feelings of blame, stigma, shock, resignation, relief, disbelief, guilt, indifference, suicidal thoughts, numbness, desire to understand, embarrassment, shame, and isolation from others (from McIntosh & Milne, 1986a, 1986b). Survivors were asked to indicate to what extent they had felt each of the reactions immediately after the death. The responses to these items were made on a 4-point Likert-type scale ("Completely" scored as 1, "Somewhat" as 2, "Not Very" as 3, and "Not at All" as 4).

Survivors completed the Texas Revised Inventory of Grief (TRIG; Faschingbauer, 1981; Faschingbauer, DeVaul, & Zisook, 1977) which measures current feelings of grief in response to a particular death and those in the period immediately after. There are 18 statements regarding past feelings (immediately after the death) and 13 which ask about present feelings. The respondents indicate the truth of the statements for them ranging from "completely true" (scored as 5) to completely false (scored 1). Each part is scored separately with ranges from 8 to 40 for past feelings and 13 to 65 for present feelings, with high scores indicating more difficulty in handling the grief experience.

All respondents were asked about past suicidal ideation and attempts (by completing the Suicidal Behaviors Questionnaire 7C, see e.g., Linehan & Nielsen, 1981) as well as their perceptions of the comparative severity of grief among suicide, accident, homicide, and natural death survivors and about the difficulty for survivors in dealing with suicide as compared with death by the other causes (from McIntosh & Milne, 1986a, 1986b). Also included in the questionnaire were the Suicide Acceptability Scale (SAS; Hoelter, 1979), the Aftermath of Suicide Scale (AOSS; Calhoun, Selby, Tedeschi, & Davis, 1981), the Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979), and the Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980).

The SAS is a 6-item, 5-point Likert-type scale that assesses the degree to which individuals feel suicide is an acceptable way to deal with life's problems. Scores can range from 6 to 30, with

higher scores indicating acceptance. The AOSS measures the individual's "reactions to families in which a member has committed suicide" (Calhoun et al., 1981, p. 99). The instrument consists of 25 items, 18 of which are 6-point Likert-type items ("Agree" scored as 1, to "Disagree" scored as 6) and the remaining 7 being 6-point semantic differential-type items. The semantic differential items require respondents to rate families in which suicides have occurred in terms of adjective pairs (for example "Good-Bad"). In addition to a total score on the AOSS, there are four subscales or factors which measure social rejection of surviving families, personal affective reaction toward surviving families, the degree to which suicide deaths should be disclosed to others, and funeral discomfort in the case of suicide death. Total scores on the AOSS may range from 25 to 150, with high total scores indicating more positive attitudes or feelings (midpoint=87.5).

The Impact of Event Scale was utilized to determine responses to stress associated with a life event, in this case the death of a loved one or close friend. The scale asks the individual to indicate how often during a one week period 16 posible responses to an event took place (from "not at all", scored 0, to "often" scored 3). In the present study respondents were asked to indicate these responses both "During the past seven days" as well as "During the week following the death." The IES has been shown to be reliable and valid (see e.g., Horowitz, Weiss, Kaltreider, Krupnick, Marmar, Wilner, & DeWitt, 1984; Horowitz et al., 1979; Tennen & Herzberger, 1985; Zilberg, Weiss, & Horowitz, 1982). The range of scores on the IES therefore was from 0 to 48 for the measures at one week after the death and during the past week.

Loneliness on the part of the subjects was determined by the self-report Revised UCLA Loneliness Scale. This 20-item instrument asks the individual to indicate how they feel about their social relationships and how often they feel that way. Responses for each item are from "Never" (scored 1) to "Often" (scored 4), with the potential range of scores therefore from 20 to 80. This widely used instrument has been shown to be both valid and reliable (Russell, 1982).

Results

In general as found in other studies that include control groups of survivors, the comparisons of feelings and grief responses of the suicide, accident, and natural death survivors revealed greater similarities than differences. Among the major differences were that suicide survivors reported more stigmatizing events and blamed more people and groups than did the other survivors. Along

with accidental death survivors, suicide survivors indicated greater feelings of stigma and more of a desire to understand "why?" after the death than did survivors of natural deaths. No bereavement group differences were found in the amount of guilt felt at the time of the death. There were few differences in the perceptions of grief for the various causes and no differences in the acceptability of suicide in dealing with life's problems or perceptions of families in which a suicide had occurred.

Comparisons of Survivors Groups' Reactions

Group non-differences

As can be seen in Table 1, mean responses for the three survivors groups were not significantly different for first reactions after the death with respect to guilt (contrary to hypothesis 1), feeling ashamed, loneliness, isolated from others, the degree to which others treated them differently after the death (the latter three counter to hypothesis 3), feeling like killing oneself after the death, and thinking about suicide during one's lifetime, time to resume normal functioning, and impact of the event currently or immediately after the death.

Insert Text Table 1 about here

Nor were group differences observed in the extent to which the different survivors were able to put the death out of their mind; constantly thought about the death; or talked with close friends, counselors or support groups about the death.

Significant Group Differences

Although there were fewer group differences than expected, as indicated above, the mean responses to these feelings indicate that: (1) all groups expressed feelings of not very much to no guilt or embarrassment at all, and not very much isolation from others. (2) Scores on both past and present feelings were in the middle range of grief experiences for all groups. (3) All groups were able to put the death out of their mind to a moderate degree; expressed moderate degrees of thinking constantly about the death, the degree to which they relied on religion to deal with the death, and the amount to which they talked to close friends about the death; and few talked to counselors or support groups about the death.

General Reactions. Differences among suicide, accidental, and natural death groups were, however, obtained for several general measures, including the reactions of resignation, $F(2,210)=19.27$, $p<.001$; shock, $F(2,221)=22.73$, $p<.001$; relief, $F(2,211)=19.03$, $p<.001$; disbelief, $F(2,217)=7.37$, $p<.001$; feeling numb after the death, $F(2,218)=3.82$, $p<.05$; the degree to which they relied on religion to deal with their feelings, $F(2,227)=3.14$, $p<.05$; present grief feelings, $F(2,216)=4.24$, $p<.05$, and feelings at the time of the death (i.e., past feelings), $F(2,223)=3.06$, $p<.05$ (as measured by the TRIG).

On a number of the general grief reactions the sudden death survivors (i.e., suicide and accidental death) were different from natural death survivors but not from one another. (a) When asked if they felt resigned with respect to the death (i.e., "It would have happened sooner or later"; with 4 being "Not at all" and 1 "Completely") the accidental death survivors ($M=3.40$, $SD=0.9$), $t(153)=6.03$, $p<.001$, and suicide survivors ($M=3.24$, $SD=1.0$), $t(126)=4.25$, $p<.001$, felt less resigned than did natural death survivors ($M=2.46$, $SD=1.1$). It should be noted that levels of resignation were relatively low for all groups including natural death survivors (i.e., 3="Not very"). (b) The degree to which survivors felt shocked was scored in the same fashion as resignation (i.e., 1="Not at all"). Both suicide ($M=1.30$, $SD=0.6$), $t(131)=4.69$, $p<.001$, and accidental death survivors ($M=1.24$, $SD=0.6$), $t(161)=5.83$, $p<.001$, felt greater shock than did natural death survivors ($M=2.01$, $SD=1.1$). (c) Suicide survivors ($M=3.71$, $SD=0.8$), $t(126)=3.61$, $p<.001$, felt less relief after the death than did natural death survivors ($M=3.06$, $SD=1.2$). The same was observed for accidental ($M=3.86$, $SD=0.5$), $t(154)=5.85$, $p<.001$, when compared to natural death survivors. (d) Greater disbelief after the death was expressed by the suicide ($M=1.83$, $SD=1.0$), $t(131)=2.11$, $p<.05$, and accidental death survivors ($M=1.62$, $SD=0.9$), $t(158)=3.78$, $p<.001$, than among natural death survivors ($M=2.24$, $SD=1.2$). (e)

There were several other differences among the survivor groups that involved the accidental death group's uniqueness. With respect to their past feelings (at the time of the death; low scores indicate greater difficulty) as measured by the TRIG, the only difference was that accidental death survivors ($M=26.60$, $SD=7.0$) had greater difficulties than the natural death survivors ($M=29.45$, $SD=7.6$), $t(164)=2.50$, $p<.05$ (suicide survivors did not differ from the other two, $M=28.35$, $SD=8.0$). Similarly, when considering the present feelings of the survivors (again as measured by

the TRIG), suicide (M=42.71, SD=11.4), t(146)=2.41, p<.05, and natural death survivors (M=42.70, SD=11.4), t(158)=2.52, p<.05, expressed less present difficulty with their feelings about the death than did accidental survivors (M=38.18, SD=11.1). Both suicide (M=2.07, SD=0.9), t(151)=2.04, p<.05, and natural death survivors (M=2.07, SD=0.8), t(167)=2.23, p<.05, indicated greater reliance on religion than did accidental survivors (M=1.79, SD=0.8). Accidental death survivors were also distinct from the other two groups with respect to the degree to which they felt numb after the death. That is, the accidental death survivors (M=1.75, SD=0.8) indicated greater feelings of numbness after the death than did natural death (M=2.15, SD=1.1), t(160)=2.75, p<.01, or suicide survivors (M=2.05, SD=1.1), t(146)=1.96, p<.05.

Significant differences were found in the proportion of survivors in the three groups who responded "yes" to questions asking if they got upset each year at the time the person died (i.e., indicating an anniversary reaction), χ^2 (2)=8.31, p<.05. Accident survivors (44.4%) most often indicated such a reaction, followed by suicide survivors (37.3%) and natural death survivors (23.0%). Suicide survivors more often indicated a feeling that they could have done something (32.8%, N=20) than did survivors of accidental (15.2%, N=14), or natural death (13.0%, N=10), χ^2 (2)=10.14, p<.01.

Hypothesis 2: Desire to understand. A significant main effect for cause was observed when survivors were directly asked the degree they felt a desire to understand "Why?" after the death, F(2,214)=10.27, p<.001. Specifically (scoring "Not at all" as 4 and "Completely" as 1) both suicide (M=1.30, SD=0.7), t(127)=4.28, p<.001, and accidental death survivors (M=1.56, SD=0.9), t(155)=2.89, p<.01, felt a greater need to understand than did natural death survivors (M=2.01, SD=1.1). Mean differences between suicide and accident survivors did not reach statistical significance.

Social stigma, shame, and blame. Differences were observed for several reactions related to social aspects of survivorship, including feelings of embarrassment, F(2,210)=3.18, p<.05; the number of stigmatizing events indicated, F(2,227)=6.56, p<.01; the number of people or groups blamed for the death, F(2,227)=20.37, p<.001; and the degree to which they felt stigmatized, F(2,223)=4.16, p<.05. From among a number of potentially stigmatizing events that may have

occurred for these survivors (see Table 2), few were observed for any group, but suicide death survivors (M=2.28, SD=1.6), reported more of these events than did either accidental (M=1.75, SD=1.4), $t(151)=2.18$, $p<.05$, or natural death survivors (M=1.35, SD=1.6), $t(136)=3.46$, $p<.001$. When asked the degree to which they felt embarrassed after the death, accidental death survivors, (M=3.59, SD=0.8), $t(153)=2.59$, $p<.01$, reported greater embarrassment than did natural death survivors (M=3.87, SD=0.5; suicide survivors were not significantly different from the other two groups, M=3.67, SD=0.8). When asked to indicate to what degree they felt stigmatized, both suicide (M=2.58, SD=1.0), $t(133)=1.97$, $p<.05$, and accidental death survivors, (M=2.69, SD=1.1), $t(165)=2.74$, $p<.01$, reported greater stigma than did natural death survivors (M=2.22, SD=1.1). Indeed, 83.1% of suicide survivors felt stigmatized to some degree, with 22.2% feeling stimatized very much. By comparison, 66.1% of accidental and 50.8% of natural death survivors felt stigmatized to some degree. Although the number was low in all cases, it was also found that suicide survivors (M=1.72, SD=1.4) blamed more people and groups for the death than did either accidental, (M=0.86, SD=0.8), $t(151)=4.99$, $p<.001$, or natural death survivors, (M=0.75, SD=0.8), $t(136)=5.26$, $p<.001$.

Insert Text Table 2 about here

Both suicide and accidental death survivors reported most often the same events from among these specific stigmatizing events. That is, most often indicated was that gossip took place about the death (N=39 and 48, respectively), followed by refusing to believe after the initial shock that the death was due to the cause determined by the coroner/medical examiner (N=22 and 32), friends could not understand their feelings about the death and they did not want to talk to others about the death (N=19 and 27 for both groups for each item), and the family did not discuss the death (N=16 and 13). Natural death survivors noted the same stigmatizing events most frequently but in a different order. Most often mentioned was not wanting to talk to others (N=23), followed thereafter by gossip about the death taking place (N=18), friends being unable to understand their feelings about the death (N=15), the family not discussing the death (N=14), and refusing to believe after the initial shock that the death was due to the cause determined by the coroner/medical

examiner (N=12). Few survivors of any mode of death were accused of being responsible for the death or experienced officials who treated them abrasively or unsympathetically.

Suicide survivors also more often indicated that some family member was blamed for the death (31.1% compared to only 6.5% and 5.2% for accidental and natural death survivors), χ^2 (2)=25.96, $p<.001$, but no significant differences were indicated for feelings of personal blame (although suicides indicated feeling to blame in higher proportions, 27.8% vs. 17.4% and 14.3%, respectively). Both accidental (46.7%) and suicide survivors (68.9%) more often indicated that someone felt they were to blame than did natural death survivors (20.8%), χ^2 (2)=32.43, $p<.001$. When they indicated blame for the death, all three groups most often blamed the deceased (Ns=20, 18, 13, for suicides, accidental, and natural death survivors, respectively). Suicide survivors were most likely to place blame additionally on the state of the world (N=18), peers or acquaintances (N=16), and other family members (N=15). Accidental death survivors less frequently blamed anyone but peers and acquaintances (N=14) and the state of the world (N=11) were blamed by some. Natural deaths placed the least blame of all, though doctors, therapists, etc. (N=10) were the most often indicated.

Comparison of Survivors' Groups Attitudinal Responses

No group differences were observed for the acceptability of suicide scores (M=13.8, SD=4.5), with mean scores for all groups being below the midpoint (i.e., 18) of acceptability. Nor were significant differences found among the groups in the Aftermath of Suicide Scale scores or its four subscales. The mean overall score (M=99.85, SD=11.6) was slightly above the midpoint of 87.5 on the positive attitude or feeling end.

Perceptions of grief severity. When comparing perceptions of the grief experiences associated with homicide, suicide, natural, and accidental death, only one significant group difference in the rank order of grief experiences was observed. Overall, however, all three survivor groups essentially rated suicide grief as most severe followed by homicide, accidental death, and natural death. The mean rankings assigned to suicide, homicide, accidental, and natural death grief severity were 1.76, 1.95, 2.59, and 3.70, respectively (with 1=most severe grief; SD=0.9, 0.8, 0.8, 0.8, respectively). Suicide survivors (M=1.51, SD=0.7) gave a significantly lower ranking of suicide

(i.e., as the most severe grief), $F(2,193)=3.05$, $p<.05$, than did either accidental ($M=1.87$, $SD=0.9$), $t(129)=2.45$, $p<.05$, or natural death survivors ($M=1.85$, $SD=1.0$), $t(118)=2.08$, $p<.05$. In addition to rankings of grief severity, respondents were also asked three individual questions to directly compare the difficulty of coping with suicide death for survivors to that of accidental, homicide, or natural deaths (i.e., "Suicide is more/equally/less difficult to cope with compared to death from natural causes" [or accidental death or homicide death]). No group differences in these perceptions were observed with the exception of suicide compared with natural death, $F(2,226)=3.88$, $p<.05$. All groups generally agreed that suicide deaths were more difficult for survivors to cope with than death from natural causes ($M=1.36$, $SD=0.7$; 1=more difficult) but suicide survivors felt this even more strongly ($M=1.20$, $SD=0.5$) than did natural death survivors ($M=1.52$, $SD=0.8$), $t(136)=2.81$, $p<.01$ (accident group $M=1.34$, $SD=0.7$, not significantly different from either). All groups generally agreed that suicides were somewhat equal with which to cope than accidents ($M=2.03$, $SD=0.9$; 2=equally) and less difficult than homicides ($M=2.67$, $SD=1.0$).

Discussion

The most striking results of this investigation are the similarities rather than differences among the survivors of natural, accidental, and suicide deaths with respect to the reactions following the death and the grieving process. For example, in no case was unqualified support observed in these data for the three generalizations that Calhoun et al. (1982) had cautiously made. Specifically, (1) while suicide survivors indicated a desire to understand the death moreso than did natural death survivors, there was no differential need compared to accidental death survivors who were also more desirous to understand than were natural death survivors. (2) The measures of social support in this study also failed to differentiate suicide survivors from survivors of other causes. All groups indicated a moderate level of discussion about the death with close friends and moderate to low levels with respect to feeling isolated from others, again with no group differences in either reaction. The significantly greater blaming and stigmatizing among suicide survivors may, however, lead to changes in social interaction and support by both the survivors and the people in the social network. It might be noted however, that a formal assessment of social support would be desirable in future survivors research. (3) No differences in the degree to which guilt was felt by

suicide survivors compared to survivors of other causes of death were obtained, nor were there significant differences in the proportion of suicide vs. other survivors who expressed guilt of any kind.

There were few indications that suicide survivorship was vastly different from survivorship of other modes of death. Among the differences noted were several that indicated similarity of the sudden death survivors (i.e., suicide and accident) when compared to natural death survivors. Sudden death compared to natural death survivors were: less resigned with respect to the death (i.e., "It would have happened sooner or later"); felt greater shock , less relief , greater disbelief, and a greater desire to understand "Why?" after the death; and greater stigma.

The few differences that suggested that suicide survivors were distinct from the other two groups included blaming more people and groups for the death , reporting more stigmatizing events, more often indicating a feeling that they could have done something, and giving a significantly lower ranking of suicide as the most severe grief (lower ranking=more severe). By several measures, however, accidental death grief was found to be more severe than any other, including suicide. Compared to both other groups of survivors, accidental death survivors most often indicated an anniversary reaction to the death as well as expressing greater difficulty with respect to their present feelings about the death as measured by the TRIG, less reliance on religion, greater feelings of numbness and embarrassment after the death. Accidental death survivors also reported greater difficulties with respect to past feelings (at the time of the death, again as measured by the TRIG) than the natural death survivors (suicide survivors did not differ from the other two).

Despite the general lack of differences in grief, however, the survivors in the present study consistently ranked suicide grief as most severe followed closely by homicide grief and then accidental and natural deaths. Results were less consistent, however, when survivors were asked how difficult suicide death was for survivors to cope with compared to accidents, homicides, and natural deaths. When assessed in this fashion, all groups felt that suicide was more difficult than natural deaths, but similar to accidental deaths, and less difficult to cope with than homicides. Therefore, despite the general similarity of grief as measured in this investigation among survivors of deaths from various causes, the respondents frequently voiced an opinion that suicide grief was different and often more difficult than other types of grief.

The present study has several potential shortcomings. First, it is not clear if these survivors of suicide or other causes are representative of survivors in general. While there were no group differences in the closeness of the relationship of these survivors to the deceased, the ratings of closeness were in the moderate range and these were not therefore the most intense relationships for many of the survivors. Are the grief and other reactions qualitatively and perhaps quantitatively different in some ways among the most intimate of survivors? In addition, are college student survivors representative of survivors in general? Because of the community residence of all students on the campus and the near universality of enrollment in general psychology, these college students may be more representative of their community as a whole than are college students on residential campuses.

Second, the retrospective nature of the study may lessen the accuracy of the responses, especially for those from several years earlier. Cain's (1972, p. 25; see also McIntosh, 1987a) call for longitudinal research, in which survivors are contacted soon after the death and followed-up over time, is still valid and important for future research directions. Less reliance on long-term (i.e., several years after the death before the first contact or interview) retrospective investigations is encouraged. Experimental control by selection or matching for time since the death would seem warranted and desirable.

Finally, the high proportion of friends and non-immediate family members as survivors among all groups may be questioned. The specific kinship relation of the survivor to the deceased may be an important factor to consider as a control (see e.g., McIntosh, 1987b; McIntosh & Wrobleski, 1988). The study of possible sex differences in grief reactions to suicide also seems worthwhile to pursue.

Conclusions

Past statements about suicide grief seem to have been accepted by acclamation. For example, although investigations with comparison groups did not exist in 1973 when it was first written or when reprinted in 1976, Shneidman (1973/1976, p. 11) stated that "The cold sociological truth is that some modes of death are more stigmatizing to the survivors than are other modes of death and that, generally speaking, suicide imposes the greatest stigma of all upon its survivors." Given the results of this and other studies with respect to stigma and many of the other reactions about which

such statements exist in the literature, it would seem that caution is warranted until more information is gathered. In short, little evidence was found in this investigation to support statements in the literature that suicide is a different grief experience, is more devastating, etc. than is grief from other causes of death. The opinion that these statements are true persists however. It remains for future better controlled research that should also include adequate control groups (including nonbereaved controls where appropriate), to either support, refine, or refute these results.

The findings of research that include the controls mentioned above can begin to help us understand the ramifications the death of someone close has on the survivors and how the way in which death occurs affects the reactions and process of grieving the loss. In turn, better understanding of this affect has implications and usefulness for more effective intervention, treatment, and for support of survivors from the various causes.

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Text Table 1
Means and Standard Deviations for Measured Responses and Reactions

	Total		Suicide		Accidental		Natural Causes	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
GRIEF REACTIONS AND EXPERIENCES:								
HOW HAVE FAMILY RELATIONS CHANGED	1.97	0.7	2.10	0.7	1.89	0.7	1.96	0.6
HOW HAVE FAMILY CONTACTS CHANGED	1.92	0.7	2.05	0.7	1.84	0.7	1.92	0.8
TROUBLE REMEMBERING DATE OF/TIME SINCE DEATH	3.84	1.2	3.52	1.3	4.03	1.2	3.85	1.3
DEGREE FELT STIGMATIZED	2.50	1.1	2.57	1.0	2.69	1.1	2.23	1.1
FELT SHOCKED	1.51	0.9	1.29	0.6	1.23	0.6	2.03	1.1
FELT RESIGNED	3.06	1.1	3.29	0.9	3.40	0.9	2.46	1.1
FELT RELIEVED	3.57	0.9	3.78	0.6	3.87	0.5	3.05	1.2
FELT DISBELIEVING	1.90	1.1	1.84	1.0	1.61	0.9	2.27	1.2
FELT GUILTY	3.23	0.9	3.10	1.0	3.21	1.0	3.36	0.9
FELT INDIFFERENT	3.38	0.9	3.40	0.9	3.34	0.9	3.41	0.9
FELT LIKE KILLING MYSELF	3.81	0.6	3.88	0.5	3.70	0.8	3.87	0.4
FELT NUMB	1.97	1.0	2.12	1.1	1.74	0.8	2.13	1.0
FELT DESIRE TO UNDERSTAND	1.63	0.9	1.31	0.7	1.56	0.9	1.99	1.1
FELT EMBARRASSED	3.73	0.6	3.74	0.6	3.61	0.8	3.88	0.4
FELT ASHAMED	3.62	0.7	3.50	0.8	3.56	0.8	3.80	0.6
FELT ISOLATED FROM OTHERS	2.96	1.1	3.10	1.1	2.81	1.0	3.04	1.1
TIME TO RESUME NORMAL FUNCTIONING	2.93	1.7	2.81	1.7	3.05	1.7	2.88	1.7
HOW HAS NO OF CLOSE FRIENDS CHGD SINCE THE DEATH	1.96	0.6	2.10	0.6	1.91	0.6	1.93	0.5
DEGREE PUT DEATH OUT OF MIND	2.17	0.6	2.27	0.5	2.12	0.6	2.15	0.6
DEGREE CONSTANTLY THOUGHT ABOUT THE DEATH	1.92	0.6	1.87	0.6	2.00	0.6	1.88	0.6
DEGREE HAVE TALKED WITH CLOSE FRIENDS	1.96	0.7	1.95	0.8	2.06	0.7	1.84	0.7
DEGREE TALKED WITH COUNSELOR OR SUPPORT GROUP	1.17	0.4	1.23	0.5	1.17	0.4	1.12	0.4
DEGREE RELIED ON RELIGION	1.95	0.8	2.05	0.9	1.78	0.8	2.06	0.8
DEGREE OTHERS EXPECT EXPLAIN DEATH	2.02	0.7	2.00	0.8	2.15	0.7	1.88	0.7
YOUR RESPONSE TO OTHERS' REQUEST TO EXPLAIN	1.21	0.4	1.28	0.5	1.22	0.5	1.14	0.4
PROP OF OTHERS TO WHOM YOU WERE COMPL HONEST	3.55	0.7	3.42	0.8	3.63	0.6	3.54	0.8
DEGREE FRIENDS TREATED DIFFERENTLY	0.47	0.9	0.31	0.8	0.52	0.9	0.53	1.0
HOW DIFFICULT FOR OTHERS TO EXPRESS SYMPATHY	2.50	1.0	2.47	0.9	2.50	1.0	2.52	1.0
EVER THOUGHT ABOUT OR ATTEMPTED SUICIDE	1.78	1.6	2.10	1.7	1.73	1.5	1.59	1.6
HOW OFTEN THOUGHT ABOUT SUICIDE IN YOUR LIFE	1.46	0.7	1.54	0.8	1.36	0.7	1.53	0.8
NO OF STIGMATIZING EVENTS INDICATED	1.76	1.5	2.24	1.6	1.78	1.4	1.36	1.5
NO OF GROUPS BLAMED FOR THE DEATH	1.05	1.0	1.74	1.4	0.86	0.8	0.74	0.8
TRIG SCORE—PAST FEELINGS	27.99	7.5	28.46	8.0	26.56	7.0	29.33	7.7
TRIG SCORE—PRESENT FEELINGS	40.84	11.5	42.71	11.4	38.31	11.1	42.44	11.6
REVISED UCLA LONELINESS SCORE	38.25	9.4	39.10	10.7	38.10	9.7	37.79	8.0
IMPACT OF EVENT—PAST WEEK	15.47	12.8	14.28	13.1	16.93	13.1	14.65	12.3
IMPACT OF EVENT—WEEK AFTER DEATH	27.56	12.2	27.00	13.6	29.24	11.4	26.05	12.0
SAS SCORE	13.76	4.5	14.08	4.9	13.71	4.1	13.56	4.7
TOTAL AOSS SCORE	99.87	11.7	101.65	11.4	99.76	10.4	98.57	13.2
AOSS—DIM 1 SCORE SOCIAL REJECTION	37.27	4.0	37.75	3.7	36.83	4.3	37.42	3.9
AOSS—DIM 2 SCORE PERSONAL AFFECTIVE	23.35	5.2	24.59	6.0	22.67	4.6	23.20	5.2
AOSS—DIM 3 SCORE DISCLOSURE	21.63	4.5	21.92	4.4	21.71	4.5	21.32	4.6
AOSS—DIM 4 SCORE FUNERAL DISCOMFORT	17.70	4.8	17.21	4.7	18.53	4.4	17.09	5.2
ATTITUDINAL MEASURES:								
SEVERITY OF SUICIDE GRIEF—RANKING	1.80	0.9	1.50	0.7	1.92	0.9	1.90	1.0
SEVERITY OF HOMICIDE GRIEF—RANKING	1.95	0.8	1.95	0.7	1.91	0.8	2.00	0.8
SEVERITY OF ACCIDENT GRIEF—RANKING	2.56	0.8	2.79	0.6	2.41	0.8	2.55	0.8
SEVERITY OF NATURAL CAUSE GRIEF—RANKING	3.69	0.8	3.77	0.8	3.76	0.7	3.55	1.0
SUICIDE COMPARED TO NATURAL CAUSES GRIEF	1.37	0.7	1.19	0.5	1.37	0.7	1.51	0.8
SUICIDE COMPARED TO ACCIDENT GRIEF	2.04	0.9	1.82	0.7	2.15	0.9	2.09	0.9
SUICIDE COMPARED TO HOMICIDE GRIEF	2.67	1.0	2.60	0.9	2.71	1.0	2.69	1.1
DEMOGRAPHIC FACTORS & CHARACTERISTICS:								
TIME SINCE DEATH IN YEARS	5.61	6.5	5.08	5.6	5.08	5.9	6.62	7.5
HIGHEST YEAR OF RESPONDENT SCHOOLING	12.71	1.0	12.50	0.7	12.73	1.1	12.86	1.0
CLOSENESS OF RESPONDENT RELATIONSHIP TO DECEASED	2.82	1.0	3.10	1.1	2.78	1.0	2.67	1.0
AGE OF DECEASED	32.05	18.6	27.00	11.4	23.68	11.9	45.73	21.6
AGE OF RESPONDENT	27.33	10.4	26.00	9.8	25.47	8.2	30.52	12.4
AGE OF RESPONDENT AT TIME OF DEATH	21.71	9.4	20.92	9.1	20.37	6.6	23.90	11.9

Presentation Table 1

Results for Grief Responses: No Differences

Mean responses for the three survivors groups were **not significantly different** for: first reactions after the death with respect to **guilt** (contrary to hypothesis 1), **feeling ashamed, isolated from others, degree to which others treated them differently,** and **feeling like killing oneself after the death**. Nor were there differences for: **thinking about suicide during one's lifetime, time to resume normal functioning, loneliness,** and **impact of the event currently or immediately after the death.** Nor were group differences observed in the extent to which the different survivors: were **able to put the death out of their mind; constantly thought about the death**; or **talked with close friends, counselors or support groups about the death.**

No group differences were observed for the **acceptability of suicide scores** or the **Aftermath of Suicide Scale scores or its four subscales.**

When comparing **perceptions of the grief experiences** associated with homicide, suicide, natural, and accidental death, all three survivor groups essentially ranked suicide grief as most severe followed by homicide, accidental death, and natural death.

In addition to rankings of grief severity, respondents were also asked three individual questions to directly compare the difficulty of coping with suicide death for survivors to that of accidental, homicide, or natural deaths (i.e., "Suicide is more/equally/less difficult to cope with compared to death from natural causes" [or accidental death or homicide death]). All groups generally agreed that **suicide deaths were more difficult than death from natural causes** for survivors to cope with and that **suicides were somewhat equal with which to cope as accidents and less difficult than homicides.**

Presentation & Text Table 2

STIGMATIZING EVENTS ASSESSED

01 You refused after the initial shock to believe the death was due to the cause determined (suicide, accident, natural).

02 You did not want to talk to others about the death.

03 The family did not discuss the death.

04 Friends could not understand your feelings about the death.

05 The death was not discussed with friends.

06 You felt avoided by friends or you avoided friends.

07 You were accused of being responsible for the death.

08 If the death was a suicide, you felt guilt and anger over being blamed for the suicide in a suicide note.

09 Gossip about the death took place.

10 Official treated you abrasively or unsympathetically.

11 You had a negative impression of the conduct of officials.

12 You were embarrassed, shocked, or angry about a newspaper or media report of the death.

13 You moved your place of residence within 1 month after the death.

Presentation Table 3

Results Regarding Hypotheses Based on Calhoun et al.'s (1982) Review:

Hypothesis 1: Guilt greater for suicide survivors.

Mean responses for the three survivors groups were not significantly different for first reactions after the death with respect to guilt (contrary to hypothesis 1). No group displayed greater amounts of guilt than the other two. (NO SUPPORT—CONTRARY EVIDENCE)

Hypothesis 2: Greater need to understand "Why?" among suicide survivors.

Both suicide and accidental death survivors expressed a greater need to understand than did natural death survivors. Mean differences between suicide and accident survivors did not reach statistical significance. (PARTIAL/NO SUPPORT—SIMILARITY FOR SUDDEN DEATH SURVIVORS)

Hypothesis 3: Less social support for suicide survivors.

Mean responses for the three survivors groups were not significantly different for loneliness (currently), or feeling isolated from others immediately after the death (contrary to hypothesis 3). Nor were group differences observed in the proportions of the different survivors who talked with close friends about the death. (NO SUPPORT—CONTRARY EVIDENCE)

Presentation: Other Results:

☆Sudden Death Survivors Different From Natural Death Survivors:

Compared to Natural Death Survivors, Suicide and Accidental Death Survivors felt:

(a) **Less resigned** with respect to the death (i.e., "It would have happened sooner or later")

(b) **Greater shock** after the death

(c) **Less relief** after the death

(d) **Greater disbelief** after the death

(e) **Greater desire to understand "Why?"** after the death

(f) **Greater stigma** (see section below on stigma/shame)

☆Accidental Death Survivors Different From the Other Two:

(a) **Greater difficulties** with respect to **past feelings** (at the time of the death, again as measured by the TRIG), than the natural death survivors (suicide survivors did not differ from the other two)

(b) **Greater difficulty** with respect to their **present feelings** about the death as measured by the TRIG

(c) **Less reliance on religion** than did suicide or natural death survivors

(d) **Greater feelings of numbness** after the death than did natural death or suicide survivors

(e) **Greater embarrassment** see below under stigma/shame

☆Suicide Death Survivors Different From Survivors of Natural and Accidental Deaths:

✔**Blamed more people and groups for the death** than did either accidental or natural death survivors.

✔**Reported more stigmatizing events** than did either accidental or natural death survivors.

✔**More often indicated a feeling that they could have done something** than did survivors of accidental or natural death.

✔**Felt suicide deaths more difficult for survivors to cope with than death from natural causes** more so than did natural death survivors (accident group not significantly different from either).

✔Gave a **significantly lower ranking of suicide as the most severe grief** than did either accidental or natural death survivors. (lower ranking=more severe)

Anniversary Reaction:

Proportion of survivors in the three groups who responded "yes" to questions asking if they got upset each year at the time the person died: Accident survivors (44.4%) most often indicated such a reaction, followed by suicide survivors (37.3%) and natural death survivors (23.0%). (A>S>ND)

Social stigma, shame, and blame:

✔From among a number of potentially stigmatizing events that may have occurred for these survivors (see Table 2), few were observed for any group, but suicide death survivors (M=2.28, SD=1.6), reported more of these events than did either accidental (M=1.75, SD=1.4), or natural death survivors (M=1.35, SD=1.6).

When asked the degree to which they felt embarrassed after the death, accidental death survivors reported greater embarrassment after the death than did natural death survivors (suicide survivors were not significantly different from the other two groups).

Both suicide and accidental death survivors reported greater stigma than did natural death survivors [Indeed, 83.1% of suicide survivors felt stigmatized to some degree, with 22.2% feeling stimatized very much. By comparison, 66.1% of accidental and 50.8% of natural death survivors felt stigmatized to some degree.]

✔Although the number was low in all cases, it was also found that suicide survivors blamed more people and groups for the death than did either accidental or natural death survivors.

Comparison of Survivors' Groups Attitudinal Responses

No group differences were observed for the acceptability of suicide scores (M=13.8, SD=4.5), with mean scores for all groups being below the midpoint (i.e., 18) of acceptability.

No significant differences found among the groups in the Aftermath of Suicide Scale scores or its four subscales. The mean overall score (M=99.85, SD=11.6) was slightly above the midpoint of 87.5 on the positive attitude or feeling end.

Perceptions of grief severity. (somewhat conflicting results)

When comparing perceptions of the rank order of grief experiences Overall, all three survivor groups essentially rated suicide grief as most severe followed by homicide, accidental death, and natural death (mean rankings were 1.76, 1.95, 2.59, and 3.70; with 1=most severe grief).

✔Suicide survivors gave a significantly lower ranking of suicide (i.e., as the most severe grief), than did either accidental or natural death survivors.

Direct comparison of the difficulty of coping with suicide death for survivors to that of accidental, homicide, or natural deaths (i.e., "Suicide is more/equally/less difficult to cope with compared to death from natural causes" [or accidental death or homicide death]). Only group differences for suicide compared with natural death. All groups generally agreed that suicide deaths were more difficult for survivors to cope with than death from natural causes but ✔suicide survivors felt this even more strongly than did natural death survivors (accident group not significantly different from either).

All groups generally agreed that suicides were somewhat equal to accidents with which to cope and less difficult than homicides.